

APPLICATION NUMBER

<input type="checkbox"/> Rejected	<input type="checkbox"/> Through Number) Cancelled	<input type="checkbox"/> Non-Elected	<input type="checkbox"/> Appeal
<input checked="" type="checkbox"/> Allowed	<input type="checkbox"/> Restricted	<input type="checkbox"/> Inference	<input type="checkbox"/> Objected

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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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